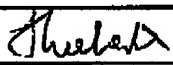


PTO/SB/21 (08-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/724,288	
	Filing Date	November 28, 2000	
	First Named Inventor	Schenk, Dale B.	
	Art Unit	1647	
	Examiner Name	Sharon L. Turner	
Total Number of Pages in This Submission	3	Attorney Docket Number	15270J-004765US


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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Joe Liebeschuetz	
Date	October 7, 2005	Reg. No. 37,505

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PTO/SB/31 (04-05)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 15270J-004765US	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22319-1450" [37 CFR 1.8(a)] on <u>October 7, 2005</u> Signature <u>[Signature]</u> Typed or printed name <u>Yvonne Mock</u>		In re Application of DALE B. SCHENK et al.	
		Application Number 09/724,288	Filed November 28, 2000
		For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE	
		Art Unit 1647	Examiner Sharon L. Turner
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		<u>[Signature]</u>	
<input type="checkbox"/> applicant/inventor.		Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Joe Liebeschuetz	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,505</u>		Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		(850) 326-2400	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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